The Aga Khan University Hospital
Health Information Management Services

APPLICATION FORM FOR DUPLICATE BIRTH CERTIFICATE

Date   :   _____

Infant's Medical Record No.   :   _____

Mother's Full Name   :   _____

Mother's Medical Record No.   :   _____

Father's Full Name   :   _____

Sex of Infant   :   _____

Date of Birth   :   _____

Time of Birth   :   _____

Reason   :   _____

                                           _____

                                                                          _____
                                                                          Signature of Mother / Father

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Please Note:

1. Only Mother or Father is authorized to submit the application or collect the Birth Certificate.
2. A copy of National Identity Card of both the Parents along with the processing fee of Rs.450/- must be submitted with the Application Form.
3. Duplicate Birth Certificate will be issued on next working day.

ACKNOWLEDGEMENT

Please collect the **Duplicate Birth Certificate** applied for Medical Record No._____ On _____.

Please bring this slip with you for collection of Certificate.

Application received by: **Certificate received by:**

_____   _____
Name/Signature   Name/Signature

_____   _____
Date   Date